

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/379656

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				2		
4				2		
5				2		
6				1		
7				1		
8				1		
9				1		
10				1		
11				1		
12				1		
13				1		
14				1		
15				1		
16				1		
17				1		
18				1		
19				1		
20				1		
21				1		
22				1		
23			1			
24				1		
25				1		
26				1		
27				1		
28				1		
29				1		
30				1		
31				1		
32				1		
33				1		
34				1		
35				1		
36				1		
37				1		
38				1		
39				1		
40				1		
41			1			
42				1		
43				1		
44				1		
45				1		
46				1		
47				1		
48				1		
49				1		
50				1		
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		←	69	←		←
TOTAL CLAIMS			72			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				1		
52				1		
53				1		
54				1		
55				1		
56				1		
57				1		
58				1		
59				1		
60				2		
61				2		
62				2		
63				2		
64				2		
65				2		
66				2		
67				2		
68				2		
69				2		
70				2		
71				2		
72				2		
73				2		
74				2		
75				2		
76				2		
77				2		
78				2		
79				2		
80				2		
81				2		
82				2		
83				2		
84				2		
85				2		
86				2		
87				2		
88				2		
89				2		
90				2		
91				2		
92				2		
93				2		
94				2		
95				2		
96				2		
97				2		
98				2		
99				2		
100				2		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						